

PM02b: Private Provider

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1.1. Introduction

There are two types of providers in eWiSACWIS, Home Providers and Private Providers. The PM02b: *Private Provider* design provides the basis for a Private Provider record that will help DCFS staff to see, at a glance, the most current information about these providers.

The PM02b: *Private Provider* pages support the on-going maintenance of this information with a page made up of three tabs. On these tabs, the most current information regarding contact information, provider characteristics and services offered is maintained.

Different staff may need to interact with providers in very different ways depending on their particular job function. Each of these workers will consult the Private Provider file in order to learn more about a specific provider.

The PM02b: *Private Provider*, like the PM02a: *Home Provider*, touches on the concept of a “provider-service”. In order to accommodate all providers and all the services they offer, eWiSACWIS uses a separate Provider Service table that contains information about the particular services offered by a provider and how many slots or beds are vacant. These “provider-services” are viewed and maintained on the Services tab of the Private Provider case file folder.

A Private Provider can be a business, organization, or an individual. The use of the PM02b: *Private Provider* pages gives eWiSACWIS a common look and feel across all private providers.

It may be necessary to document detailed information in the form of free text about private providers (such as meeting notes). In these cases, the worker will be able to document the information using CM06 - *Provider Notes* (PNs).

1.2. Pages

1.2.1. Page – Private Provider

The screenshot shows the 'Private Provider' page in a Microsoft Internet Explorer browser window. The page title is 'Private Provider - Microsoft Internet Explorer provided by DHFS'. The eWiSACWIS logo is in the top left, and 'Print', 'Spell Check', and 'Help' links are in the top right. The 'Basic' section at the top contains the following fields:

- Number: 9221012
- Name: Barry Bonds
- Type: Private Agency (dropdown)
- Status: Active (dropdown)
- License Type: Not Licensed (dropdown)
- Lcns. Agency: n/a
- HSRS Number: (empty field)

Below the Basic section are three tabs: 'Provider' (selected), 'Characteristics', and 'Services'. The 'Provider Information' section on the 'Provider' tab includes:

- Name: Barry Bonds
- C/O: (empty field)
- Street: 111 Giants Ave. Apt: (empty field)
- City: Adell
- State: VI (dropdown)
- ZIP: 53001
- Country: United States (dropdown)
- Phone: (empty field) Ext: (empty field) Fax: (empty field)
- HQ: Barry Bonds
- County: Winnebago (dropdown)

To the right of the Provider Information is the 'Tax Id Number' section with radio buttons for FEIN (785-96-9658), SSN (selected), and N/A. Below that is the 'Further Information' section with checkboxes for Not For Profit Agency, Medical Provider (checked), 1099 Required (checked), License Verified (checked), and EFT.

At the bottom of the 'Provider' tab is a 'County Provider ID' table with columns for County, Provider ID, and Delete. Below the table is an 'Options' dropdown and a 'Go' button. 'Save' and 'Close' buttons are at the bottom right of the form area.

1.2.1.1. Page Overview

Navigation

The Private Provider page is initially accessed through the main menu Create>Private Provider. Once created, the Private Provider page is accessed by clicking the Provider link on the Outliner, or by accessing the Create Provider Work page and maintaining the appropriate Provider.

Page Summary

The Private Provider page is the main page in this topic. It consists of a header group box, three tabs, and four pop-up pages. The header, which is visible from all three tabs, contains basic information about the Provider. The tab folders are labeled Provider, Characteristics, and Services. When accessing the page through maintenance, the worker will not be able to edit all fields. On the Provider tab, all information except for provider address and name information

will allow updating. Provider address information must be updated through *PM08: Provider Address Maintenance*. On the Characteristics tab, all information can be updated. On the Services tab, the information that was input by the worker will allow updating.

If on the Private Provider page, the Type dropdown is set to 'Duplicate' and the Status dropdown is set to 'Inactive', a message is thrown to alert the user that the action will freeze the Provider. The message reads: "This will freeze the provider record and all provider services will be set to inactive. Do you wish to continue?" Once frozen you will not be able to reactivate the provider in the future.' Do you wish to continue?" If the user clicks the 'Yes' button, the Provider will be frozen and all services will be set to inactive.

1.2.1.2. Page Information

Box: Basic

Fields:	Number:	The unique number eWiSACWIS assigns to providers upon creation of a provider. System Derived
	Name:	The name of the provider organization; in Create mode, fills in after worker enters name in Name field; once saved, retrieved from the Provider Organization table; non-editable
	Type:	The type of private provider appears as drop down menu.
	Status:	The status of the private provider; in Create mode, fills in after worker enters name in Name field; once saved, retrieved from the Provider Organization table; editable Page/Tab Information
	Lcns. Type:	The license type field for the provider; worker selected drop down; required; modifiable
	Lcns. Agency:	The name of the agency responsible for issuing license; worker entered text; required; modifiable
	HSRS Number:	The Human Services Reporting System's unique number; worker entered, accessed to field restricted to HSRS worker's security, if not HSRS worker than view only.

1.2.1.3. Background Processing

- The system will generate a unique number for the provider; system derived
- The Name field displays the name of the Private Provider on the Provider Tab, system derived
- The Type field is a drop down list, the worker selects the type and will pre-fill when entering the Provider Page, the type can be changed with proper security.

- The status of the Provider (Active, In-Active); system derived from the Provider Organization table; editable.

1.2.2.

Tab - Provider

Private Provider - Microsoft Internet Explorer provided by DHFS

eWiSACWIS Print Spell Check Help

Basic

Number: 9221012 Name: Barry Bonds Type: Private Agency Status: Active

License Type: Not Licensed Lcns. Agency: n/a HSRS Number:

Provider Characteristics Services

Provider Information

Name: Barry Bonds

C/O:

Street: 111 Giants Ave. Apt:

WI City:

City: Adell State: WI

ZIP: 53001 Country: United States

Phone: Ext: Fax:

HQ: Barry Bonds

County: Winnebago

Tax Id Number

☐ FEIN 785-96-9658

☒ SSN

☐ N/A

Further Information

☐ Not For Profit Agency

☒ Medical Provider

☒ 1099 Required

☒ License Verified

☐ EFT

County Provider ID

County	Provider ID	Delete

Options: Go Save Close

Done Local intranet

Private Provider - Microsoft Internet Explorer provided by DHFS

eWiSACWIS Print Spell Check Help

Basic

Number: 9221012 Name: Barry Bonds Type: Private Agency Status: Active

License Type: Not Licensed Lcns. Agency: n/a HSRS Number:

Provider Characteristics Services

Contact Information

Name	Phone	Ext	Fax	E-Mail
Primary Contact:	(123)445-5454	34	(123)123-1231	
Director:				
Program Director:				
Fiscal:				

Electronic Funds Transfer

Provider

Provider ID: 9221012 Provider Name: Barry Bonds

Payment Method: ☒ Electronic Funds Transfer ☐ Check

Pre-Note Information

Pre-Note Status: No Request ☒ Pre-Note requested

Date Pre-Note Sent: 00/00/0000 Trace Number:

Options: Go Save Close

Done Local intranet

Private Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

Basic

Number: 9221120 Name: Green County RCC Type: Duplicate Status: Inactive Search

Duplicate Provider - Please use 'Green County RCC' (Provider ID 9228000) HRSR Number:

Provider Characteristics Services

Provider Information

Name: Green County RCC

C/O:

Street: 1400 HWY 11 Apt:

WI City:

City: Monroe State: WI

ZIP: 53566 Country: United States

Phone: Ext: Fax:

HQ: Green County RCC

County: Green

Tax Id Number

☐ FEIN

☐ SSN

☒ N/A

Further Information

☐ Not For Profit Agency

☐ Medical Provider

☐ 1099 Required

☐ License Verified

☒ EFT

County Provider ID

County	Provider ID	Delete

Options: Go

Save Close

Done Local intranet

1.2.2.1. Tab Overview

The provider tab contains organizational information about private providers. If the provider elects they may have deposits for payments directly deposited in their accounts. The worker may expand the Electronic Funds Transfer data toggle to request direct deposits.

The Electronic Funds Transfer section is used to document a provider's desire to have their payments electronically deposited. The Provider may have funds electronically deposited directly to bank accounts by providing the ABA Number and their account number.

The system will automatically default to checks that are generated and sent directly to the Provider's mailing address. **If no mailing address exists for the provider the financial processing defaults to the physical address.** In the event the Provider should want electronic funds, the worker would request a pre-note from the Provider wanting the direct deposit of payments. Once the pre-note information is confirmed and accepted, the worker selects the Electronic Fund Transfer radio button in the Provider Group Box and payments will be deposited directly into the account number provided when payments are made.

If the provider which the above data describes is operated by a multi-service agency, or is one of many sites operating under a larger organization, the worker has the ability to identify that

agency or facility by clicking the Provider Search link to access Provider Organization search. HQ is an abbreviation for Headquarters. Note that the worker is not able to access the link after the Provider has been approved.

- To link a provider, select the 'Duplicate' value from the Type dropdown list (selecting the 'Duplicate' value will auto-select and disable the 'Inactive' Status value, display the Search link, display a 'Send Reminder' checkbox in the Basic group box, display a 'Completed' checkbox in the Basic group box, display a 'Send Reminder' date field, display a 'Completed' date field in the Basic group box and will continue to display the 'Duplicate' value as enabled). The worker will then select the Search link. This link will open a new custom provider search that will only display the providers that are available to link. Note: The 'Search' link, 'Send Reminder' checkbox, the 'Completed' checkbox, and the 'Send Reminder' date field will always be displayed for those with the appropriate security to allow the workers to link the provider.
 - The first search is a required action if the type is set to 'Duplicate'. If a worker selects the 'Save' button prior to selecting a provider the system will display the following message, 'Please access the Provider Search page by selecting the Search hyperlink to select a provider.'
- Custom Provider Search page – Search results will only display providers that meet the following requirements:
 - Level one provider (Not already linked to a provider).
 - Note: A Private Provider can be linked to a Home Provider and visa versa.
- Once the worker has selected 'Duplicate' and searched a provider, the worker has several 'Save' options:
 - The worker may select 'Save' without checking either checkbox. This will initiate standard save processing which will allow the worker to return to the page to complete the linking process. In place of the hidden fields display the following message, "Duplicate Provider: Please use 'Provider Last Name, Provider First Name (no suffix/prefix/MI)' (Provider ID #####)"
 - The worker may select the 'Send Reminder' checkbox which will dynamically add a date to the associated Reminder Date field on the Private Provider page, and upon save will set a 'Provider Link' tickler for the worker and send an automated message notifying the worker of the changes.
 - Name of tickler: Inactivate Duplicate Provider
 - Category = OHCUC
 - Type = Duplicate
 - Display it for the duplicate provider using dup provider name and ID and count down immediately- Due in 14 days down to 0 days with no escalation.
 - Created: When the checkbox is checked to send 14 day notification
 - Deleted: When the checkbox for Completed is checked

- The worker may select the 'Completed' checkbox when they are ready to complete the changes. Selecting 'Save' after checking the 'Completed' checkbox will insert the system date in the 'Completed' checkbox, hide the License Type field and the License Agency field (continue to display the HSRS field). Also, selecting 'Save' triggers the system to end/not approve OHP/In-Home placements and licenses.
- o Once inactive duplicate providers are linked, those with 'Provider Link' security will be able to change which provider the duplicate provider is linked to. The 'Search' hyperlink will continue to be available to those with the appropriate security.

1.2.2.2.Tab Information

Box: Provider Information

Fields:

Name:	The name of the private provider; in create mode, field is non-editable until Person or Provider search is performed; worker entered; once saved, retrieved from Provider Organization table, field is non-editable
C/O:	This is the name of the "In Care Of" participant, worker entered, once saved, field is non-editable; address maintenance is handled through PM08 - <i>Provider Address Maintenance</i>
Street:	The building number of the private provider organization; worker entered; once saved, retrieved from Address table, field is non-editable; address maintenance is handled through PM08 - <i>Provider Address Maintenance</i>
Address:	The street name of the private provider organization; worker entered; once saved, retrieved from Address table, field is non-editable; address maintenance is handled through PM08 - <i>Provider Address Maintenance</i>
Address:	The apartment number (if applicable) of the private provider organization; worker entered; once saved, retrieved from Address table, field is non-editable; address maintenance is handled through PM08 - <i>Provider Address Maintenance</i>
Address:	A second street address (if applicable) of the private provider organization; worker entered; once saved, retrieved from Address table, field is non-editable; address maintenance is handled through PM08 - <i>Provider Address Maintenance</i>
City:	The city of the private provider organization; worker entered; once saved, retrieved from the Address table, field is non-editable; address maintenance is handled through PM08 - <i>Provider Address Maintenance</i>
State:	The state of the private provider organization; worker entered; once saved, retrieved from the Address table, field is non-editable; address maintenance is handled through PM08 - <i>Provider Address Maintenance</i>

- Zip: The zip code of the private provider organization; worker entered; once saved, retrieved from the Address table, field is non-editable; address maintenance is handled through PM08 - *Provider Address Maintenance*
- Country: The country of the private provider; worker selected drop down; once saved, retrieved from the Address table, field is non-editable; address maintenance is handled through PM08 - *Provider Address Maintenance*
- Phone: The phone number of the private provider; worker entered; once saved, retrieved from the Address table, field is non-editable; address maintenance is handled through PM08 - *Provider Address Maintenance*
- HQ: If applicable, the name of the Headquarters of the private provider; passed from Provider Search if Provider is selected; if no Headquarters is applicable than the Provider name is displayed, system derived; address maintenance is handled through PM08 - *Provider Address Maintenance*.
- County: The county of the private provider; worker selected drop down; once saved, field is still worker editable, address maintenance is handled through PM08 - *Provider Address Maintenance*.

Box: Tax ID Number

- Fields:** FEIN: A radio button and a mandatory text field to enter Federal Employer Identification Number (FEIN); worker entered; if an HQ organization applies the field will default to their FEIN.
- SSN: A radio button and a mandatory text field to enter Social Security Number.
- N/A: A radio button indicates that the Tax ID Number is not applicable to this provider. The associated text field becomes disabled when N/A is selected.

Box: Further Information

Fields: Not for Profit

- Agency: A check box that will identify the private provider as a Not for Profit agency; default is not checked; worker selected

Medical

- Provider: A check box that will identify that the private provider is an enrolled Medical Provider in the MMIS system; default is not checked; worker selected

1099

- Required: 1099 Required check box will be checked by default when the Provider

Type is equal to Child Care; worker selected

Licenses

Verified: A check box that will identify the private provider as a licensed agency; default is not checked; worker selected.

Box: County Provider ID

Fields: County: The county that the ID is specified for.

Provider ID:

This field is used to store a County's provider ID. The ID that shows up in this field will depend on the County assignment of the user viewing the page. User editable. (Saves to COUNTY_PROVIDER_CROSS_REF. id_cnty_prvd_org)

Delete Link: Removes the County Provider ID

Contact Information Data Toggle Area

Box: Contact Information

Fields: Primary Contact

Name: The name of the private provider Primary Contact; worker entered; editable

Phone: The phone number of the private provider Primary Contact; worker entered; editable

Ext: The extension of the private provider Primary Contact; worker entered; editable

Fax: The fax number of the private provider Primary Contact; worker entered; editable

E-mail: The email address of the private provider Primary Contact; worker entered; editable

Director

Name: The name of the private provider Director; worker entered; editable

Phone: The phone number of the private provider Director; worker entered; editable

Ext: The extension of the private provider Director; worker entered; editable

Fax: The fax number of the private provider Director; worker entered; editable

E-mail: The email address of the private provider Director; worker entered; editable

Program Director

Name: The name of the private provider Program Director; worker entered; editable

Phone: The phone number of the private provider Program Director; worker entered; editable

Ext: The extension of the private provider Program Director; worker entered; editable

Fax: The fax number of the private provider Program Director; worker entered; editable

E-mail: The email address of the private provider Program Director; worker entered; editable

Fiscal

Name: The name of the private provider Fiscal personnel; worker entered; editable

Phone: The phone number of the private provider Fiscal personnel; worker entered; editable

Ext: The extension of the private provider Fiscal personnel; worker entered; editable

Fax: The fax number of the private provider Fiscal personnel; worker entered; editable

E-mail: The email address of the private provider Fiscal personnel; worker entered; editable

Electronic Funds Transfer Data Toggle Area

Box: Provider

Fields: Provider ID: System generated provider ID number, system derived from Home Provider page; view only

Provider Name: Name of the provider; system derived from Home Provider page; view only

Payment Method: Worker selected radio buttons with two options Check and Electronic Funds Transfer; defaults to Check; enabled only when the Pre-note Status is 'Pre-note Sent'

Box: Pre-Note Information

Fields: Pre-Note Status: Pre-note Status: drop down; defaults to 'No Request'; disabled at all times; view only

Pre-Note Requested: Worker selected checkbox; defaults to unchecked, disabled when the Pre-note Status is 'Pre-note Sent'

	Date Pre-Note Sent:	Date field; defaults to blank; disabled at all times; system generated date when Pre-Note Requested checkbox is selected; view only
	Trace Number:	Text Field; defaults to blank; disabled at all times; system generated number when Pre-Note Requested checkbox is selected; view only
Box:	Bank Information	
Fields:	ABA Number:	Worker entered text field; defaults to blank; disabled when the Pre-note Status is 'Pre-note Sent'; required when the Request Pre-note checkbox is selected; eight numeric characters
	Account Number:	Worker entered text field; defaults to blank; disabled when the Pre-note Status is 'Pre-note Sent'; required when the Request Pre-note checkbox is selected; up to 17 numeric characters
	Bank Name:	Worker entered text field; defaults to blank; up to 30 alpha characters.
Links:	Search	Takes user to the Provider Search Page. Can be accessed for the HQ field.
Options:	Approval	Navigates worker to the Approval History page.
	Provider Repayment Method:	Navigates worker to the Provider Repayment Method Page.
Buttons:	Save:	Standard Save Processing
	Close:	Standard Close Processing

1.2.2.3. Background Processing

- In Create mode, upon entering the screen the Name field will be non-editable. The worker will select the Search link. The search link displayed will be dynamically determined by the provider Type selected. If the user has selected 'Private Individual' the Person Search link will display. If a private agency is selected (e.g. RCC, Group Home, Child Placement Agency) the Private Provider link will be display. If the user has selected a provider type which may be a person or may be a business (e.g. Pathology, Psyciatry, Maternity home) the Person Search link will display along with two radio buttons for 'Person' and 'Business'. Once the worker selects the search link, they will be taken to the appropriate search pages (see CM12 - Search). These search links are only visible and available to the worker in Create mode.
- There are two things that can happen when a worker searches for a private provider agency: they find a match or they do not find a match. If a match is found, when the

worker selects Continue to go back to the Private Provider page the chosen Provider will fill into the HQ field. If no match is found, the worker will click Close to go back to the Private provider page. Upon returning from either a “hit” or “miss”, the Name field will be activated.

- If a match was found (i.e. provider already exists), and the worker was trying to enter a new provider, the worker would select Close twice; once to close from Search and once to exit from Private Provider page. They should access the already created provider from the Provider Outliner.
- When adding a Private Individual, the worker will need to do two searches. The first is the Person search to check to see if the person is in the system already. The second will be a Provider search to ensure that no duplicate Providers are entered.
- When adding a Person or a Business the worker will be presented with two different approaches:
 - If the Person radio button is selected the worker will perform the search as outlined above for a Private Individual. The person record will be retrieved and display on the Private Provider page as Last Name, First Name. This is how it will appear on the outliner and will be searched in the future.
- When the worker selects the Request Pre-note checkbox, Pre-note Status drop down is set to 'Pre-note Requested' (code value= 'R'), the ABA Number and the Account Number fields are required.
- When the worker selects the Check radio button, a message box “Changing the payment method to Check will require you to request a new pre-note before you can select EFT again. Are you sure you want to do that? Yes No”. If the worker selects Yes on the message box, then the Pre-note Status drop down is changed to 'No Request' (code value='N') (This enables the ABA Number, Account Number), Request for Pre-note is unchecked and enabled, Pre-note Date and Pre-note Trace Number are blank.
- When setting a provider record as an Inactive Duplicate provider that already has records linked to it, all associated records will also change to point to the new ‘retained provider record’. For an example, Provider C is linked to Provider B and the worker decides that Provider B is a duplicate provider of Provider A. When the worker sets Provider B as an inactive duplicate and links the record to Provider A, Provider C will now also dynamically be pointed to Provider A. So, when completing a provider search for either Provider B or Provider C, the records will indicate that the records are duplicates and will instruct the worker to use Provider A.

1.2.3. Pop-Up Page – Provider Repayment Method

The screenshot shows a web page dialog titled "Provider Repayment Method -- Web Page Dialog". The page features the eWiSACWIS logo and navigation links for Print, Spell Check, and Help. A dropdown menu for "County" is set to "Milwaukee". Below this, it states "Maximum Estimated Reduction Amount: \$0.00". A section titled "Repayment Method" contains three radio button options: "Reduce by Individual Overpayments", "Reduce by All Overpayments", and "Reduce Future Payments by...". The third option is selected. To the right of the selected option is a text input field for "Monthly Amount" containing "\$21.00". At the bottom right, there are "Save" and "Close" buttons.

1.2.3.1. Page Overview

Navigation

The Provider Repayment Method page is accessed from the Provider Tab by selecting the Provider Repayment Method option and pressing the Go button.

Page Summary

DHFS staff members use this page to manage the provider repayment method at the Provider/County level. This means that each county can maintain a repayment method for each provider. Workers can also indicate that the repayment method for a Provider/County will be handled at the individual payment level. Designating repayment method at the individual payment level is discussed in detail in the *FM01: Process Payments* Topic Paper.

1.2.3.2. Page Information

Fields: County

- Page retrieves the repayment method record from the PROV_REPMNT_MTHD table that matches the worker's county (if this record exists).
- If a repayment method record DOES NOT exist, County equals Worker's County
- If the repayment method record DOES NOT exist, the record is created when the worker clicks Save
- The county field is disabled unless the worker has certain security rights.
- County field is enabled if worker's User Group has the "View All Counties" flag checked (USER_GROUP.fl_county = 'Y').
- If the County field is enabled it
- Displays the list of counties,
- Allows workers to select a different county's repayment method by selecting a county from the drop down
- If worker's county <> repayment county; repayment method is VIEW ONLY
- If a selected county has not designated a Repayment Method for this Provider, the following edit message will be displayed: "There is no Repayment Method for this County for this Provider." and the worker will be returned to their county's repayment method record.

Maximum
Estimated
Reduction Amount

This field displays the estimated amount by which the provider's next check will be reduced. It is always disabled. If repayment method=R, field displays \$0.00.

If repayment method=I, display (sum of PAYMENT.am_reduce) – (sum of PAYMENT_ADJUST.am_rqst) for approved outstanding overpayments and approved adjustments for the provider/county.

If repayment method=A, display (sum of PAYMENT.am_rqst) – (sum of PAYMENT_ADJUST.am_rqst) for approved outstanding overpayments and approved adjustments for the provider/county.

Box: Repayment Method

Fields:	Reduce By Individual Overpayments:	<p>This option (cd_ovp_mthd = I) indicates that the repayment method for this Provider/County is being handled at the individual overpayment level.</p> <p>If the worker selects "Reduce by Individual Overpayments" PROV_REPMNT_MTHD.am_reduce = \$0.00</p>
	Reduce By All Overpayment Amount:	<p>Selecting this option (cd_ovp_mthd = T) designates that the total of all overpayments made to this provider in this county should be removed from the provider's next check from this county.</p> <p>If the worker selects "Reduce by Individual Overpayments" PROV_REPMNT_MTHD.am_reduce = \$0.00</p>
	Reduce Future Payments by . . .	<p>Selecting this option (cd_ovp_mthd = R) designates that this amount designated in the Monthly amount field should be removed from the provider's next check from this county. This option is the default selection for new providers.</p>
	Monthly Amount:	<p>This field is enabled only when the 'Reduce Future Payments by ...' repayment method is selected and is required if this option is selected. Workers use this field to designate the dollar amount to be deducted on a monthly basis from payments made to the provider from this county. A monthly amount of \$0.00 is the default value for new providers.</p>
Buttons:	Save:	Standard Save Processing.
	Close:	Standard Close Processing.

1.2.3.3.Background Processing

- If Reduce Future radio button is selected in the Repayment Method group box, then cd_ovp_mthd = 'R'. Monthly Amount field is enabled, and worker is required to enter a value in the Amount field.
- If Reduce by All Overpayments option is selected in the Repayment Method group box, then cd_ovp_mthd = 'A'. Monthly Amount field is blank and disabled.

1.2.3.4.Save Processing

- When the user clicks on the Save button, the information is saved (inserted or updated) to the PROV_REPMNT_MTHD table.

1.2.3.5.CRUD Matrix

Table Name	CRUD
PROV_REPMNT_MTHD	CRU
PROVIDER_ORG	R
PAYMENT	R
PAYMENT_ADJUST	R
APPROVAL	R
WORKER	R

1.2.4.

Tab – Characteristics

Private Provider - Microsoft Internet Explorer provided by DHFS

eWiSACWIS

Print Spell Check REC Help ?

Basic

Number: 9221012 Name: Barry Bonds Type: Private Agency Status: Active

License Type: Not Licensed Lcns. Agency: n/a HSRS Number:

Provider Characteristics Services

Hold down the "Ctrl" key for multi-selection

Provider Accepts

Possible Values

- ADD/ADHD requiring medication
- Affiliated with gangs
- AIDS infection or HIV positive
- Autistic (severely withdrawn)
- Behavioral difficulties at school
- Behavioral Intensive
- Behavioral Minimal

Selected Values

Add x > Add All Values >> < Remove << Remove All

Other Provider Characteristics

Possible Values

- 24 Hour Awake Staff
- Access to Education Program
- After School Programs
- Age Appropriate Activities
- Arrange for Education Program
- Assessment Services--Nursing
- Assessments--Outpatient

Selected Values

- 24 Hour Awake Staff
- Access to Education Program
- Age Appropriate Activities
- Arrange for Education Program
- Assessment Services--Nursing
- Assessments--Outpatient
- Care Coordination

Save Close

Done Local intranet

1.2.4.1. Tab Overview

This tab shows two lists of characteristics about the provider that licensing workers and support workers maintain and other workers view:

- ‘Provider Accepts’ describes the characteristics of clients who are served by the programs of the provider. This includes preferences and restrictions. This information may be identified as searchable criteria; and
- ‘Other Provider Characteristics’ describe the provider's program. This information may not be identified as searchable criteria.

Support workers can add or change the selections made for the provider when they become aware of changes. They would do so by clicking the appropriate command button and selecting one or many choices from a pop-up selection list. DCFS has the ability to define these selection lists with regard to characteristics kept on private providers.

By defining these selection lists, DCFS can meet specific needs, such as designating a provider that will accept children with specific characteristics. DCFS can search up to two of the characteristics in ‘Provider Accepts’ when looking to place a child.

1.2.4.2.Tab Information

Box: Provider Accepts

Fields: Possible Values: The list box displays all client characteristics that a provider might possibly accept. When conducting a Provider Organization Search in an attempt to place a child with a private provider the worker may use additional search criteria including up to two Provider Accepts Characteristics.

The worker can select or de-select client characteristics by clicking on them. The worker can select none, many, or all. By holding down the Ctrl. Key, the worker is able to multi-select specific characteristics. Characteristics listed consecutively can be multi-selected by holding down the Shift key, clicking on the first characteristic and then clicking on the final characteristic in the list. All characteristics between the first and final selection will be highlighted.

Selected Values: This will be a list of the other provider characteristics

Box Buttons: Add x Moves the items selected to the selected values list.

Add All Values Moves all items in the box to the selected values list, regardless if they are selected.

Remove Removes the items selected from the selected values list.

Remove All Removes all items from the selected values list, regardless if they are selected.

Box: Other Provider Characteristics

Fields: Possible Values: This will be a list of the program services that the provider offers. The worker can scroll through the list and select provider characteristics that pertain to the particular private provider. These selections are not searchable when using the Provider Service Search.

The worker can select or de-select Other Provider Characteristics by clicking on them. Clicking on them once will select them. The worker can select none, many or all. By holding down the Ctrl. key, the worker is able to multi-select specific characteristics. Characteristics listed consecutively can be multi-selected by holding down the Shift key, clicking on the first characteristic and then clicking on the final characteristic in the list. All characteristics between the first and final selection will be highlighted.

Selected Values: This will be a list of the client characteristics that the provider accepts

Box Buttons:

Add x Moves the items selected to the selected values list.

Add All Values Moves all items in the box to the selected values list, regardless if they are selected.

Remove Removes the items selected from the selected values list.

Remove All Removes all items from the selected values list, regardless if they are selected.

Buttons: Save: Standard Save Processing

Close: Standard Close Processing

1.2.4.3. Background Processing

- In Create mode, the Provider Accepts data page will be empty.
- In Create mode, the Other Provider Characteristics data page will be empty.
- Characteristics are viewed and updated on this tab.
- In Update mode, the worker will be able to view the provider characteristics and all the services offered by the provider. The worker will be able to select or de-select the appropriate characteristic or services.

1.2.5. Tab – Services

All Counties

Private Provider - Microsoft Internet Explorer provided by DHFS

eWiSACWIS Print Spell Check ABC Help ?

Basic
 Number: 9221012 Name: Barry Bonds Type: Private Agency Status: Active
 License Type: Not Licensed Lcns. Agency: n/a HSRS Number:

Provider **Characteristics** **Services**

Provider Capacity
 Total Bed Capacity: 10

Clients By Gender

	Male	Female	Total
Preferences:	10	10	10
Placements:	0	0	0
Reservations:	0	0	0

Service Details

	Male	Female	Total
Capacity:			
Placements:			
Reservations:			
Vacancies:			

Clients By Age
 Preferred Age: From: 1 To: 18

Service Specifics
☒ All Counties ☐ Milwaukee

County	Category	Type	Status
<input checked="" type="radio"/> Milwaukee	AODA outpatient	AODA outpatient group-alcohol	Active
<input type="radio"/> Milwaukee	Adult Basic Education	English as a second language classes	Active
<input type="radio"/> Milwaukee	Adult Continuing Education	Adoption preparation classes	Active

Options: Go Save Close

Done Local intranet

One County

Private Provider - Microsoft Internet Explorer provided by DHFS

eWiSACWIS Print Spell Check ABC Help ?

Basic
 Number: 9221012 Name: Barry Bonds Type: Private Agency Status: Active
 License Type: Not Licensed Lcns. Agency: n/a HSRS Number:

Provider **Characteristics** **Services**

Provider Capacity
 Total Bed Capacity: 10

Clients By Gender

	Male	Female	Total
Preferences:	10	10	10
Placements:	0	0	0
Reservations:	0	0	0

Service Details

	Male	Female	Total
Capacity:			
Placements:			
Reservations:			
Vacancies:			

Clients By Age
 Preferred Age: From: 1 To: 18

Service Specifics
☐ All Counties ☒ Milwaukee

<input type="radio"/> Adult Continuing Education	Adoption preparation classes	Active
<input type="radio"/> Athletics	Lessons (i.e. swimming, tennis)	Inactive
<input type="radio"/> Foster Home - Contracted	Foster Home - Contracted - AWOL	Active
<input checked="" type="radio"/>		Active Delete

Insert

Options: Go Save Close

Done Local intranet

1.2.5.1.Tab Overview

This page maintains current information about the specific services offered by a private

provider. It has the following major features:

- Displays the name of the county of the worker accessing the Provider record, in the County field, which is disabled;
- Maintains multiple categories of services for a given provider, each category with its own status. Some examples of these service categories are adolescent services, adoption services, and foster-care post-placement;
- Displays, for the selected service, the capacity, number of placements, reservations, and current vacancies with the provider; and
- Allows authorized workers to add a new service or change the status of a previously created service, dependent upon provider allotment of licenses and contracts, which the service type requires.
- Allows workers to view and authorized workers to change the Total service capacity via the Service Details group box. Detailed placement, reservation, and vacancies for the service type selected in the Service Details group box are displayed on this tab.

County Filter: The Service Specifics group-box displays services for which the Private Provider is registered, in two display-formats:

- County Filter display-setting: displays services entered for the County recorded in the County field; County fields are not shown in the Service Specifics group-box.
- All Counties display-setting: displays services for all Counties for whom the provider is registered, listed alphabetically by County. A County field heads each Service row listed in the Service Specifics group-box.

The county filter button toggles between County Filter and All Counties.

Through the Options drop-down, the worker can access the proper rate information pop-up pages. If the service type in question requires a provider-specific rate, the worker will be taken to the Provider Service Rate page (see below). If the service type in question requires a service-specific rate, the worker will be taken to the Service Rate page (see PM01: *Maintain Services*).

The Provider Eligibility Cost pop-up page is also accessed from the Options drop-down. This allows the percentage of eligibility cost to be recorded. The worker records Title IV-E and Title XIX eligible portion of DCFS's cost for the services provided.

1.2.5.2.Tab Information

Box: Provider Capacity

Fields: Total Bed Capacity: Bed capacity of the Provider as designated; worker entered; editable

Box: Clients by Gender

Fields:	Preferences Male:	Capacity available for males at the private provider for all available services; worker entered; editable
	Preferences Female:	Capacity available for females at the private provider all available services; worker entered; editable
	Preferences Total:	Total capacity available at the private provider for all available services; worker entered; editable
	Placements Male:	Number of placements in male designated beds at the private provider for all available services; system derived; view only
	Placements Female:	Number of placements in female designated beds at the private provider for all available services; system derived; view only
	Placements Total:	Total number of placements at the private provider for all available services; system derived; view only
	Reservations Male:	Number of reservations in male designated beds at the private provider for all available services; system derived; view only
	Reservations Female:	Number of reservations in female designated beds at the private provider for all available services; system derived; view only
	Reservations Total:	Total number of reservations at the private provider for all available services; system derived; view only
Box:	Clients by Age	
Fields:	Preferred Age From:	The youngest age (min 0) that the private provider prefers to accept for the selected service; worker entered; editable
	Preferred Age To:	The oldest age (max 115) that the private provider prefers to accept for the selected service; worker entered; editable
Box:	Service Details	
Fields:	Capacity Male:	Capacity available for males at the private provider for the selected service; worker entered; view only.
	Capacity Female:	Capacity available for females at the private provider for the selected service; worker entered; view only.
	Capacity Total:	Total capacity available at the private provider for the selected service; worker entered; editable
	Placements Male:	Number of placements in male designated beds at the private provider for the selected service; system derived; view only.
	Placements Female:	Number of placements in female designated beds at the private provider for the selected service; system derived: view only.
	Placements Total:	Total number of placements at the private provider for the selected service; system derived; view only.

	Reservations Male:	Number of reservations in male designated beds at the private provider for the selected service; system derived; view only
	Reservations Female:	Number of reservations in female designated beds at the private provider for the selected service; system derived; view only
	Reservations Total:	Total number of reservations at the private provider for the selected service; system derived; view only
	Vacancies Male:	Number of vacancies available in male designated beds at the private provider; system calculated; view only
	Vacancies Female:	Number of vacancies available in female designated beds at the private provider; system calculated: view only
	Vacancies Total:	Total number of vacancies at the private provider; system generated; view only
Box:	Service Specifics	
Fields:	County:	Displays the county for which the service applies. Only displayed when filter type is All Counties.
	Category:	The category of the service offered by the private provider. The list is filtered, providing service categories offered by the county entered in the County field, only. (Drop Down: Category); worker selected; view only once saved
	Type:	The service type offered by the private provider. The list is filtered, providing service types offered by the county entered in the County field, only. (Drop Down: Type); worker selected; view only once saved
	Status:	The status of the service type offered by the private provider (defaults to Inactive) (Drop Down: Status); worker selected; editable
Box Links:	Delete	Allows worker to remove a service that they have added, but have not yet saved. Once the service is saved, it cannot be deleted.
Box Buttons:	Insert	Inserts a new Service. Only visible when filter type is One County.
Options:	Bed Reservation:	Accesses Bed Reservation pop-up page
	Provider Eligibility Cost:	Accesses Provider Eligibility Cost pop-up page
	Provider Rate:	Accesses Provider Service Rate pop-up page. With the 'All Counties' display-setting enabled, the Provider Rate page will open in View mode. With the County Filter display-setting enabled, the Provider Rate page will open in Modify mode.

	Service Rate:	Accesses Service Rate pop-up page, in view mode.
Buttons:	Save	Standard Save Processing
	Close	Standard Close Processing

1.2.5.3. Background Processing:

- The numbers in the Total column of the Clients by Gender Group Box will not necessarily be the sum of the columns. If there are no gender preferences selected, then all 3 capacity fields will contain the provider's total capacity.
- When inserting a new service type in the Service Specifics groupbox, after the user selects a value from the Type dropdown, the system checks whether:
 - a) The service type is ongoing and paid according to a provider-based rate, (Service_Type.fl_pmnt_allwd='Y' and Service_Type.fl_prvd_rate='Y' and Service_Type.fl_recr_elig='Y').
 - b) The selected service type has an associated SWRG (Service_Type.cd_sw_rpt_grp)
 - c) There is at least one row in the Statewide_Prvd_Srvc_Rate table for the associated SWRG and for the provider (Statewide_Prvd_Srvc_Rate.cd_sw_rpt_grp = Service_Type.cd_sw_rpt_grp and Statewide_Prvd_Srvc_Rate.id_prvd_org = Provider_Service.id_prvd_org)
 - d) There is at least one row in the Statewide_Prvd_Elig_Cost table for the associated SWRG and for the provider (Statewide_Prvd_Elig_Cost.cd_sw_rpt_grp =Service_Type.cd_sw_rpt_grp and Statewide_Prvd_Elig_Cost.id_prvd_org =Provider_Service.id_prvd_org)

If conditions a, b and c are met, the user will receive a message that says 'Statewide rates exist for this service type and provider. After saving your changes, please review the copied over rates.' Also, the Provider Service Rate option will not be available (until the information is saved).

Upon save, the associated records (Statewide_Prvd_Srvc_Rate.cd_sw_rpt_grp = Service_Type.cd_sw_rpt_grp and Statewide_Prvd_Srvc_Rate.id_prvd_org = Provider_Service.id_prvd_org) from the Statewide_Prvd_Srvc_Rate table are copied to the Prvd_Srvc_Rate table.

If conditions b and d are met, the user will receive a message that says 'Statewide provider eligibility cost percentages exist for this service type and provider. After saving your changes, please review the copied over percentages.' Also, the Provider Eligibility Cost option will not be available (until the information is saved).

Upon save, the associated records (Statewide_Prvd_Elig_Cost.cd_sw_rpt_grp =Service_Type.cd_sw_rpt_grp and Statewide_Prvd_Elig_Cost.id_prvd_org

=Provider_Service.id_prvd_org) from the Statewide_Prvd_Elig_Cost table are copied to the Prvd_Elig_Cost table.

County Filter display-setting enabled:

- The Service Specifics group-box displays services for which the provider is registered, for the county of the worker accessing the provider record (i.e. the county displayed in the County field);
- Workers cannot add services for other counties. To view all services for which the provider is registered (i.e. including those registered by other counties), the worker would have to enable the All Counties display-setting;
- Worker can add a new Service Specific Category by pressing the Insert button. This will insert a new row in the Services Specifics group box with a drop down for the category and service type field and status drop down with In-Active as the default.
- Both the Service Category and Service Type drop-down lists record services offered by the county of the worker accessing the record, only. Once inserted, the service status (which defaults to Inactive) can be changed to Active;
- Status fields, in the Service Specifics group-box, prefill as Active or Inactive, and are enabled.
- The Total Capacity field in the Service Details group-box prefills with the capacity entered previously for the service, and is enabled;
- A scroll-bar in the Service Specifics group-box allows all records to be viewed.

All Counties display-setting enabled:

- Services cannot be added. The Insert button is not available;
- The Service Specifics group-box prefills with all services for which the provider is registered.
- Each Service row is headed by a County field, which defines the county to which the service applies. Counties are listed in alphabetical order;
- All prefilled fields in both the Service Specifics and Service Details group-boxes are disabled;
- A scroll-bar in the Service Specifics group-box allows all records to be viewed.

Placement of a Child...

- (1) Un-reserves any bed reservations held for child that may have been made during a Placement Request.
- (2) Update appropriate age capacities for the Provider Organization based on age of child. Fields affected. Example:

- Increment PO.QT_PLCD_UNDR2 by one
- Increment PO.QT_PLCD_UNDR18 by one

(3) Update the Provider Org total capacities:

- Increment PO.QT_TOT_PLCD by one
- Decrement PO.QT_AVLB_BEDCAP by one

(4) Update Gender Specific Bed Capacities for Provider Org and Provider Service.

Strategy:

- To place the Child into the appropriate bed based on the availability of other capacities. Attempt to first place the child in his/her respective bed type, if all gender specific beds have been occupied, place child into an Either bed. If all Either beds are filled, allow the gender specific capacities to go negative.

Note: QT_ETHR_PLCD should never be negative. In addition, there should never be a scenario where QT_GENDER_AVLB is negative while QT_ETHR_AVLB is greater than zero.

If Male

If, there are no Either beds available OR [no Male beds available AND no Either bed available] [IF, (PS.QT_MALE_AVLB > 0) OR ((PS.QT_MALE_AVLB <= 0) AND (PS.QT_BOTH_AVLB <= 0))]

Place child in a Male Bed by;

- increment PO.QT_TOT_MALE_PLCD by one
- increment PS.QT_MALE_PLCD by one
- increment PS.QT_TOT_PLCD_SRVC by one

Otherwise, place child in an Either if and only if (iff) an Either bed is available and male bed availability's have been exhausted [If (PS.QT_ETHR_AVLB > 0) AND (PS.QT_MALE_AVLB <= 0)]

Place child in an Either Bed by;

- increment PO.QT_TOT_ETHR_PLCD by one
- increment PS.QT_BOTH_PLCD by one
- Increment PS.QT_TOT_PLCD_SRVC by one

Else child is a Female

[Repeat the above logic for female capacities]

End If

(5) Update all Preferred Available capacities for Provider Org...

Strategy: Calculate the 'Preferred Available' capacities based on:

- (a) Provider's original preferences
- (b) number of beds placed
- (c) number of beds reserved
- (d) Home vs. Private Provider

If Home Provider (PO.FL_HOME = 'Y')...

- $PO.QT_MALE_AVLB_RSTR = PO.QT_MALE_PRVD_RSTR -$
 $(PO.QT_TOT_MALE_PLCD + PO.QT_TOT_MALE_RSVD)$
- $PO.QT_FEML_AVLB_RSTR = PO.QT_FEML_PRVD_RSTR -$
 $(PO.QT_TOT_FEML_PLCD + PO.QT_TOT_FEML_RSVD)$
- $PO.QT_ETHR_AVLB_RSTR = PO.QT_ETHR_PRVD_RSTR -$
 $(PO.QT_TOT_ETHR_PLCD + PO.QT_TOT_ETHR_RSVD)$
- $PO.QT_TOT_AVLB_RSTR = PO.QT_TOT_PRVD_RSTR -$
 $(PO.QT_TOT_PLCD + PO.QT_TOT_RSVD)$

(6) Update All 'AVLB' capacities for Provider Service(s)

Strategy: To provider accurate Available Bed Capacities at the Provider Service level based on:

- (a) Number of Available beds for the Service - serviced based
- (b) Number of available Preferred Beds
- (c) The Overall number of available Provider Beds for home - Home Providers only

Note: For Private Providers, there is no tracking of available capacities (Gender specific and total capacities) at the Provider Organization level. Availability capacities are always serviced based

If Home Provider, perform the following for all Services for the provider in the PROVIDER_SERVICE table. If Private Provider perform the following only for the specific service into which the child is placed.

I. Calculate Male Bed Availability...

- $QT_MALE_AVLB = \text{Minimum of}$
 - (a) number of beds available for service
 $[PS.QT_CAP - (PS.QT_TOT_PLCD_SRVC + PS.QT_TOT_RSVD_SRVC)]$
 - (b) male beds available based on the preferred capacity)

[PO.QT_MALE_AVLB_RSTR] (calculated previously in step 5)

(c) number of Beds available for Provider(Home Providers Only)

[PO.QT_TOT_AVLB_BEDCAP]) (calculated previously in step 3)

II. Calculate Female Bed Availability...

- QT_FEML_AVLB = Minimum of

(a) number of beds available for service

$$[PS.QT_CAP - (PS.QT_TOT_PLCD_SRVC + PS.QT_TOT_RSVD_SRVC)]$$

(b) female beds available based on the preferred capacity

[PO.QT_FEML_AVLB_RSTR] (calculated previously in step 5)

(c) number of Beds available for the Provider(Home Providers Only)

[PO.QT_TOT_AVLB_BEDCAP]) (calculated previously in step 3)

III. Calculate Either Bed Availability...

- QT_ETHR_AVLB = Minimum of

(a) number of beds available for service

$$[PS.QT_CAP - (PS.QT_TOT_PLCD_SRVC + PS.QT_TOT_RSVD_SRVC)]$$

(b) either beds available on the preferred capacity (Home Providers Only)

[PO.QT_ETHR_AVLB_RSTR] (calculated previously in step 5)

(c) number of Total Beds available for the Provider(Home Providers Only)

[PO.QT_TOT_AVLB_BEDCAP]) (calculated previously in step 3)

IV. Calculate Total Bed Availability...

- QT_TOT_AVLB_SRVC = Minimum of

(a) number of beds available for service

$$[PS.QT_CAP - (PS.QT_TOT_PLCD_SRVC + PS.QT_TOT_RSVD_SRVC)]$$
 (calculated previously in step 4)

(b) total beds available on the preferred capacity (Home Providers Only)

[PO.QT_TOT_AVLB_RSTR] (calculated previously in step 5)

(c) number of Beds available for the Provider(Home Providers Only)

[PO.QT_TOT_AVLB_BEDCAP]) (calculated previously in step 3)

Removing a Child from Placement...

- (1) Update appropriate age capacities for the Provider Organization based on age of child (Home Provider only):
 - Decrement PO.QT_PLCD_UNDR2 by one
 - Decrement PO.QT_PLCD_UNDR6 by one
 - Decrement PO.QT_PLCD_UNDR18 by one
- (2) Update the Provider Org's total capacities:
 - Decrement PO.QT_TOT_PLCD by one
 - Increment PO.QT_TOT_AVLB_BEDCAP by one
- (3) Update Provider Org and Provider Service Capacities based on the gender of the child...

Note: Gender of child must be known before child can be placed

Strategy: When releasing a bed from placement, our objective is to release the negative gender specific beds first, then the Either beds (Remember our rule for not allowing a gender specific availability to go negative when QT_ETHR_AVLB > 0). If, however, an either bed is released, additional calculation must be made to determine if a negative bed can be 'swapped' for the vacant Either bed.

(3a) If Child's Gender is Male...

If there has been at least one male bed placed...

[IF PS.QT_MALE_PLCD > 0]...

Remove the child from a Male Bed

- Decrement PO.QT_TOT_MALE_PLCD by one
- Decrement PS.QT_MALE_PLCD by one
- Decrement PS.QT_TOT_PLCD_SRVC

Otherwise If there has been at least one child placed in an Either bed, meaning all male beds placements have already been released [IF PS.QT_ETHR_PLCD > 0]...

Remove child from an Either bed...

- Decrement PO.QT_TOT_ETHR_PLCD by one
- Decrement PS.QT_ETHR_PLCD by one
- Decrement PS.QT_TOT_PLCD_SRVC

(A) Check if Female bed availability has gone negative, if so, swap the removal with the female bed, allowing female bed availability to be incremented by one. This logic tries to accomplish the freeing up of the

gender specific beds FIRST before allowing the decline in Either bed capacities.

If Female availability is negative and at least one child had been placed in a female bed [IF PS.QT_FEML_AVLB < 0 AND PS.QT_FEML_PLCD > 0]...

Perform logic to switch female and either beds to increase female bed availability..

- Increment PS.QT_ETHR_PLCD by one
- Decrement PS.QT_FEML_PLCD by one
- Increment PO.QT_TOT_ETHR_PLCD by one
- Decrement PO.QT_TOT_FEML_PLCD by one

END IF

- (3b) If Gender of Child is Female, Process the Above logic substituting FEML for MALE
- (4) Update Provider Org's 'AVLB' columns identical to logic performed when processing a Placement
- (5) Update Provider Service's AVLB columns identical to logic performed when processing a Placement

1.2.6.

Pop-Up Page - Provider Service Rate

1.2.6.1.Pop-Up Page Overview

Provider Service Rate -- Web Page Dialog

Provider Information

Provider Name: Barry Bonds Provider ID: 9221012
 Service Type: Family Group Home Service Code: 10043

Provider Services Rate

Effective Date	Last Updated Date	Contract ID	Rate Period	Rate	Units Authorized
01/2000	06/20/2003		Daily	\$100.00	
01/2002	06/20/2003		Daily	\$120.00	

Insert Continue Close

Navigation

Selecting the Provider Service Rate option from the Provider Page and pressing the Go button accesses the Provider Service Rate page.

Page Summary

The Provider Service Rate page is used to enter Provider Specific Rates for Service Types which allow provider specific rates as defined by *PM01: Maintain Service Types*. When setting these rates the worker will record the effective date, the rate period and the rate. The worker will document the Contract ID and the Units Authorized when the Service Type is a CARS Contracted service.

1.2.6.2.Pop-Up Page Information

Box: Provider Information

Fields: Provider Name: The name of the provider for which the rate applies; system

		derived from the Provider Organization table; view only
	Provider ID:	The unique identifier of the provider for which the rate applies; system derived from the Provider Organization table; view only
	Service Type:	The service type for which the rate applies; system derived from the Provider Service table; view only
	Service Code:	The service code of the service type; system derived from the Provider Service table; view only
Box:	Provider Service Rate	
Fields:	Effective Date:	The date that the rate becomes effective; if contract applies, system derived from the Provider Service Rate table; if adding rate, worker entered; required
	Last Updated Date:	The last date that the rate was updated; system derived from the Provider Service Rate table; view only
	Contract ID:	Worker entered text field for CARS contract ID number; editable only is Service category is CARS contracted; otherwise view only
	Rate Period:	The period for which the rate applies (i.e. Daily/Monthly); system derived from the Provider Service Rate table; if adding rate, worker entered and required
	Rate:	The rate that applies to the provider; system derived from the Provider Service Rate table; if adding rate, worker entered and required
	Units Authorized:	Units Authorized field for CARS worker entered; editable only is Service category is CARS contracted; otherwise view only
Links:	Delete:	Removes row. Only enabled when item has not been saved to the database.
Buttons:	Continue:	Returns back to Provider Page.
	Close:	Standard Close Processing
	Insert:	Inserts a new row

1.2.6.3. Background Processing:

- When view only, Insert is disabled.
- Units Authorized has an edit based on the number of Units Authorize. The Units Authorized can not be greater than the number set in *PM01 – Maintain Services*

1.2.6.4.Save Processing

- Rate data will be saved to the Provider Service Rate table.
- An online Trigger with Txn Code: 6100 is Created if the Effective Start Date (on the Service Rate page) < the Date Last Paid on the Service Type table for that particular CD_SRVC. This Trigger is processed by FM03: Collect /Determine Eligibility. It is written to the ONLINE_TRIGGER table when the conditions are met.
- Effective Date field is required.
- Rate Period field is required.
- Rate field is required.

1.2.6.5.Pop-Up Page CRUD Matrix

Table Name	<u>C</u>reate	<u>R</u>ead	<u>U</u>ppdate	<u>D</u>elte
PRVD_SRVC_RATE	Y	Y	N	N
ONLINE_TRIGGER	Y	N	N	N

1.2.7.

Pop-Up Page – Provider’s Eligible Cost

Provider Eligibility Cost -- Web Page Dialog

Provider Information

Provider Name: Barry Bonds Service Type: Foster Home General License - AWWOL

Eligible Cost

Effective Date	Entered Date	Title XIX%	Admin%	Maint. %	Delete
01/01/2001	05/15/2003	20.0%	20.0%	60.0%	
00/00/0000	05/15/2003	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Delete

Insert

Save **Close**

1.2.7.1.Pop-Up Page Overview

Navigation

Selecting the Provider Eligibility Cost option from the Provider Page and pressing the Go button accesses this page.

Page Summary

The Provider’s Eligible Cost page is used to enter the percentage of eligible costs for Title XIX, Administrative costs and Maintenance costs.

1.2.7.2.Pop-Up Page Information

Box: Provider Information

Fields:

Provider Name: The name of the provider, system derived; view only

Service Type: The service type, system derived; view only

Box: Eligible Cost

Fields:

Effective Date:	The date that the percentage was effective, worker entered; date field; once saved view only
Entered Date:	The date that the percentage was entered, system derived; date field; view only
Title XIX%:	This is the percentage of eligible Title XIX cost, worker entered; required; once saved view only
Admin %:	This is the percentage of administrative cost, worker entered; required; once saved view only
Maint %:	This is the percentage of maintenance cost, worker entered; numeric field; once saved view only

Links: Delete: Removes row. Only enabled when item has not been saved to the database.

Buttons: Save: Standard save processing.
 Close: Standard Close Processing
 Insert: Inserts a new row

1.2.7.3. Background Processing

- In create mode the worker can enter the Effective Date, Admin%, Maint.% and TitleXIX% values. These fields become non-editable after saving to ensure that running histories of changes are kept. A new row must be inserted to reflect any new changes to the Administrative, Maintenance or Title XIX percentages.
- The worker can delete a row ONLY before save processing takes place (i.e., if the worker inserts a row, the system allows deleting the new row only if the row is not saved to the database).
- Entered Date is system retrieved from the current system date when the worker inserts a new row.
- The Eligible Cost rows on the page are sorted in reverse chronological order based on the Effective Date (i.e., record with the most recent effective date is displayed on top)
- When a new PRVD_ELIG_COST record is inserted WHERE PRVD_ELIG_COST.dt_eff <= current system date, then insert a record in the ONLINE_TRIGGER table and set the following attributes. ONLINE_TRIGGER.cd_txn = 51. ONLINE_TRIGGER.id_cr = log-in ID of the worker ONLINE_TRIGGER.ts_cr = Current system date. ONLINE_TRIGGER.ts_efct_frm = PRVD_ELIG_COST.dt_eff. ONLINE_TRIGGER.id_trigger1 RVD_ELIG_COST.id_prvd_org. Set all other fields to NULL.

1.2.7.4. Save Processing

- When the worker clicks Save, the information is saved into the PRVD_ELIG_COST table.
- For each row added on the Provider's Eligible Cost pop-up page, a new row is inserted into the PRVD_ELIG_COST table.
- The Effective Date, Admin%, Maint.% and TitleXIX field are required. The total must equal 100%. If not, an error message must instruct the worker to make sure the fields (Admin%, Maint.% and TitleXIX) add up to 100%.

1.2.7.5. Pop-Up Page CRUD Matrix

Table Name	<u>C</u> reate	<u>R</u> ead	<u>U</u> pdate	<u>D</u> elte
PRVD_ELIG_COST	Y	Y	N	N

1.2.8. Save Processing for Private Provider Page

- All 'Provider Accepts' selections are saved to the Provider Characteristics table with the search flag = Yes
- All 'Other Provider Characteristics' selection are saved to the Provider Characteristics table with the search flag = No
- When adding a Service Specific Category, the type field is required and the Total Capacity in the Service Details Group Box is required as well.
- When a provider_org row is inserted (either when a Home Inquiry is accepted or when a Private Provider is created): Set Provider_org.cd_pmnt_mthd='C' (Check); Set Provider_org.cd_prenote_stat='N' (No Request) Set Provider_org.fl_rqst_prenote='N'

Whenever a change occurs that may affect eligibility 2 processes take place:

- Creation of an Eligibility Change record, and
- Creation of a tickler to be sent to the Eligibility specialist so he/she can review the latest information.
- This tickler is created after the ELIGIBILITY_CHANGE record is inserted, BUT ONLY if there is no other Eligibility Change tickler for this child (i.e., ELIGIBILITY.id_tklr_elig_chng OR ELIG_REDET.id_elif_chng_tklr fields need to be NULL whichever is applicable. If there exists an ELIGIBILITY record with fl_cmplt = NULL for the selected case and person, then check ELIGIBILITY.id_tklr_elig_chng. Otherwise, check ELIG_REDET.id_tklr_elig_chng field for the ELIG_REDET record with fl_cmplt = NULL). If the id_tklr_elig_chng field is already populated, then DO NOT INSERT a new tickler, since there is already a tickler requiring the eligibility specialist to review the latest eligibility information.
- If id_tklr_elig_chng field is NULL AND an ELIGIBILITY_CHANGE record is inserted, then insert a "Review Eligibility Information" tickler with the following

attributes. This tickler already exists in the CATEGORY_TYPE table but will need to be revised slightly.

- The current tickler has CATEGORY_TYPE.cd_prmry_type = "C" AND0 CATEGORY_TYPE.cd_ctrgy = "8"AND CATEGORY_TYPE.cd_type = "3" AND CATEGORY_TYPE.cd_chkl_evnt_tklr = "T".
- For this tickler UPDATE the CATEGORY_TYPE..tx_ctgry = "Review Eligibility Information" AND CATEGORY_TYPE.qt_lag_days = 0 and CATEGORY_TYPE.qt_escltn_days_spv = +60.
- Create the tickler using this CATEGORY_TYPE tickler. Set TICKLER.id_prsn = the id_prsn of the person with the Eligibility Specialist (the worker responsible to do the eligibility determinations for this case) assignment from the ASSIGNMENT table. Set TICKLER.dt_due = Current system date.
- Set ELIGIBILITY.id_tklr_elig_chng = TICKLER.id_tklr
- Additionally, there could be more than one ELIGIBILITY or ELIG_REDET records with fl_cmplt = "N." Therefore, the same tickler needs to be created for all records with fl_cmplt = "N" provided that ELIGIBILITY_CHANGE.dt_eff (that caused the tickler to be inserted) <= ELIGIBILITY.dt_end or ELIG_REDET.dt_end (whichever is applicable). Basically, if the effective date of the eligibility change is after the end date of the eligibility determination, then do NOT insert the tickler.
- The eligibility change record is created as follows;
- When information is recorded that can affect eligibility, insert a record in the ELIGIBILITY_CHANGE table and populate the fields as described:
- Set ELIGIBILITY_CHANGE.id_chng = unique ID
- Set ELIGIBILITY_CHANGE.id_elig = The Unique eligibility ID of the ongoing eligibility determination. First, check the ELIGIBILITY table for a record WHERE id_case and id_prsn match AND ELIGIBILITY.fl_cmplt = 'N' for the selected record. If there is a record selected, then set ELIGIBILITY_CHANGE.id_elig = ELIGIBILITY.id_elig. If there is no record in the ELIGIBILITY table, then check the ELIG_REDET table for a record WHERE id_case and id_prsn match AND ELIG_REDET.fl_cmplt = "N". If there is a record in the ELIG_REDET child, then set ELIGIBILITY_CHANGE.id_elig = ELIG_REDET.id_elig_redet.
- Additionally, there could be more than one ELIGIBILITY or ELIG_REDET records with fl_cmplt = "N." Therefore, the ELIGIBILITY_CHANGE record needs to be created for all records with fl_cmplt = "N" provided that ELIGIBILITY_CHANGE.dt_eff <= ELIGIBILITY.dt_end or ELIG_REDET.dt_end (whichever is applicable). Basically, if the effective date of the eligibility change is after the end date of the eligibility determination, then do NOT create the ELIGIBILITY_CHANGE record.
- If there are no such records, then **DO NOT** insert the ELIGIBILITY_CHANGE record.

- ELIGIBILITY_CHANGE.id_cr = the unique person ID of the worker who recorded the change that may affect eligibility.
 - ELIGIBILITY_CHANGE.ts_cr = The current system data at the time when the record is inserted.
 - ELIGIBILITY_CHANGE.dt_eff = the effective date of the change (e.g., date of change in employment).
 - ELIGIBILITY_CHANGE.cd_chng_field = The code value for the type of change that was recorded in eWiSACWIS. This value will be different for different types of changes.
-
- Upon selecting the Save button (without selecting either the 'Send Reminder' checkbox or the 'Completed' checkbox), execute the save processing as follows:
 - Initiate standard save processing.
 - Hide the License Type field and the License Agency field (continue to display the HSRS field).
 - In place of the hidden fields display the following message, "Duplicate Provider: Please use 'Provider Last Name, Provider First Name (no suffix/prefix/MI)' (Provider ID #####)"
 - Upon selecting the Save button (when selecting the 'Send Reminder' checkbox), execute the save processing as follows:
 - Set the Reminder Date field to the system date.
 - The system sends the '14-day Reminder' automated message notifying the worker that the placements will be closed.
 - The 'Provider Link' tickler is set for the worker completing the linking process.
 - Name of tickler: Inactivate Duplicate Provider
 - Category = OHCUC
 - Type = Duplicate
 - Display it for the duplicate provider using dup provider name and ID and count down immediately- Due in 14 days down to 0 days with no escalation.
 - Created: When the checkbox is checked to send 14 day notification
 - Upon selecting the Save button (when selecting the 'Completed' checkbox), execute the tickler processing as follows:
 - Name of tickler: Inactivate Duplicate Provider
 - Category = OHCUC
 - Type = Duplicate
 - Display it for the duplicate provider using dup provider name and ID and count down immediately- Due in 14 days down to 0 days with no escalation.
 - Deleted: When the checkbox for Completed is checked
 - Upon selecting the Save button (when selecting the 'Completed' checkbox), execute the save processing as follows:
 - Set the Completed Date field to the system date.
 - If the selected retained provider is an inactive provider, the system will auto-set the status to 'Active' upon 'Save'.
 - Set the Bed Capacity field to '0'.

- Set the Provider record to show that no children are in placement.
- The active licensed and unlicensed service types should be set to "Inactive".
- If approved open OHP/In-Home Services exist, end the placements as follows:
- Set the end reason to 'Duplicate Provider Clean-up'. Note: The Override checkbox on the Service Ending page should not be enabled for the 'Duplicate Provider Clean-up' end reason.
- Set the Ending Purpose to Administrative Change within Placement episode.
- The 'Is the End of This Child's Placement a Discharge from All Placements?' question should default to 'No'
- The Discharge Reason field should default to 'Null'.
- The End date should be set to the last day of the previous month due to overpayment concerns. *Until the December release, workers will continue to manually close placements.
- If the day inactivating is the last day of the month, then use that day, otherwise use the previous month.
- Auto-approve the page with the name of the worker inactivating the provider with the system date.
- If the placement begin date is > the last day of the previous month, then the system will end the placement with the End Reason of 'Placement Made in Error'.

Example

Placement Begin date: 10/10/05

Provider Inactivation date: 10/17/05

Set the Inactivation date to 10/10/05 with the approval date = sys_date

- If pending OHP/In-Home Services exist:
- 'Not approve' the pending work with the name of the person inactivating the provider record for reason of duplicate.
- Set the approval date with the system date.
- If a pending Service Ending exists for an OHP/In-Home Services:
- Approve the Service Ending with the name of the person inactivating the provider record for reason of duplicate ('not approve' is not a valid option for Service Ending)
- Set the Service Ending approval name to the name of the worker 'inactivating' the provider.
- Set the approval date to the system date.
- Set the End Date to be = last day of the previous month
- Set the End Reason to be 'Duplicate Provider Clean-up'. Note: The Override checkbox on the Service Ending page should not be enabled for the 'Duplicate Provider Clean-up' end reason.
- If an approved open Foster Care Rate Setting exists (and a FCRS Ending has not been initiated), end the FCRS as follows:
- Approve the ending with the name of the person inactivating the provider record for reason of duplicate.
- Set the not approve date with the system date.

- If a pending FCRS exists
- 'Not approve' the pending work with the name of the person inactivating the provider record for reason of duplicate.
- Set the approval date with the system date.
- Set the FCRS Ending to be dt_end = dt_efctv
- If an approved FCRS exists with a pending FCRS Ending:
- Approve the FCRS Ending with the name of the person inactivating the provider record for reason of duplicate ('not approve' is not a valid option for FCRS Ending)
- Set the approval date to the system date.
- Set the End Date to the last day of the previous month (or end date of the placement is after the last day of the previous month).
- Set the End Reason to be 'Duplicate Provider Clean-up'

Example

Deactivated on 10/17/05

FCRS effective date 9/10/05

Set the Inactivation Date to 9/30/05

- **Unless** the inactivation date < the FCRS effective date. If the last day of the previous month < FCRS dt_efctv then end FCRS for reason 'Made in Error' and FCRS dt_end equal to dt_efctv

Example

Deactivated on 10/17/05

FCRS effective date 10/05/05

Set the Inactivation Date to 9/30/05

- If an approved FCRS exists with an approved FCRS Ending:
- Change the approval name on the FCRS Ending with the name of the person inactivating the provider record for reason of duplicate
- Set the FCRS Ending approval date to the system date.
- Set the End Date to the last day of the previous month (or end date of the placement is after the last day of the previous month).
- Set the End Reason to be 'Duplicate Provider Clean-up'
- Set the end reason to 'Duplicate Provider Clean-up'. The Inactivation date should be set to the last day of the previous month (or end date of the placement if the end date is.

Example

Deactivated on 10/17/05

FCRS effective date 9/10/05

Set the Inactivation Date to 9/30/05

- **Unless** the inactivation date < the FCRS effective date. If the last day of the previous month < FCRS dt_efctv then end FCRS for reason 'Made in Error' and FCRS dt_end equal to dt_efctv

Example

Deactivated on 10/17/05

FCRS effective date 10/05/05

Set the Inactivation Date to 9/30/05

1.2.9. Private Provider Page CRUD Matrix

Table Name	<u>C</u> reate	<u>R</u> ead	<u>U</u> pdate	<u>D</u> elete
ADDRESS	Y	Y	Y	N
PERSON	N	Y	N	N
PROVIDER CHAR	Y	Y	Y	N
PROVIDER ORG	Y	Y	Y	N
PROVIDER SERVICE	Y	Y	Y	N
PRVD SRVC RATE	Y	Y	Y	N
SERVICE TYPE	N	Y	N	N
ZIP CODE	N	Y	N	N
PRVD_ELIG_COST	Y	Y	N	N
WORKER	N	Y	N	N
COUNTY_PROVIDE R_CROSS_REF	Y	Y	Y	Y

1.3. Inventories

1.3.1. Table Descriptions

Table Name	Description
ADDRESS	This table maintains all ADDRESS information pertaining to a PERSON, except Intake Report (Report and Referral). Address detail consists of home, business and any other address that is identified as required for eWiSACWIS processing. Processes of CM01 (Manage Person) build and maintain this information.
APPROVAL	The APPROVAL table stores information about all Approvals in WiSACWIS. All related WiSACWIS processes build and maintain this data.
COUNTY_PROVIDER_CROSS_REF	This table contains each counties Provider ID, and cross references that ID to a single eWiSACWIS Provider ID. Each County may have a different ID reference to a eWiSACWIS Provider ID.
PAYMENT	The PAYMENT table stores detailed information about payments made to providers including but not limited to service begin date, service end date, payment amount, provider, child, case, and payee. Processes of FM01 (Process Payments) maintain and update this information.
PAYMENT_ADJUST	The PAYMENT_ADJUST table stores detailed information about adjustments made against provider overpayments. Processes of FM01 (Process Payments) maintain and update this information.
PERSON	This PERSON table maintains information that identifies an individual known to DHFS or the county child welfare division such as name, date of birth, social security number, race, sex, etc. A PERSON can be a WORKER, REPORT PART, REFERRAL PART, CASE PART or PROVIDER PART. Primary search processing is centered around this data. Processes of CM01 (Manage Person) build and maintain this information.

PROV_REPMNT_MTHD	The PROV_REPMNT_MTHD table maintains details about the provider repayment method at the Provider/County level. This means that each county can maintain a repayment method for each provider. Workers can also indicate that the repayment method for a Provider/County will be handled at the individual payment level.
PROVIDER CHAR	The PROVIDER CHAR table stores special characteristics of provider organization.
PROVIDER ORG	This table maintains information pertaining to a PROVIDER ORG, facility or vendor. Data includes name and address information, placement preferences and home condition description. Records in PROVIDER ORG table are created in PM02a/b (Maintain Home/Private Provider) and updated in PM04a (Licensing Home Provider).
PROVIDER SERVICE	This table maintains information associated with SERVICES and their association to a PROVIDER ORG, such as a foster home or group home or facility, including cumulative counts of resources such as bed counts by service and provider as needed. Information maintained in Provider Service will also support worker services such as sexual abuse counseling and adolescent counseling provided by authorized workers. Records are created and updated by the following topics: PM02a/b (Maintain Home/Private Provider), PMO6 (Reservation), SM10a (Out of Home Placement), and PM04a (Licensing Home Provider).
PRVD_ELIG_COST	The PRVD_ELIG_COST table holds the percentages used in calculating the Title XIX and Title IV-E reimbursement amounts for Child Caring Institutions and Group Homes. Processes of PM02a (Maintain Home Provider) and PM02b (Maintain Private Provider) maintain and update this information.
PRVD SRVC RATE	The PRVD SRVC RATE table maintains history information for daily and monthly rates of all the services available from a certain provider organization. Processes of PM01 (Maintain Services) build and maintain this information.

SERVICE TYPE

SERVICE TYPE table maintains information associated with any defined category of provider service offered by DHFS or the county organization including training requirements, standard rate (across all provider organizations) and license requirements etc., associated with providers. Processes of PM01 (Maintain Services) and eWiSACWIS table maintenance build and maintain this data.

WORKER

The WORKER table maintains information pertaining to an individual (PERSON) who is employed by a county or DHFS and is in a job class that provides services and/or a job class that receives eWiSACWIS-defined work assignments. The information is created in CM18 (Manage Worker).

ZIP CODE

Zip code reference table for Wisconsin.

1.3.2. Reference Data

Field Name: Provider Type

Table Name: Code_Desc

Group Id: PRVDTYPE

Field Name: County (all tabs)

Table Name: Code_Desc

Group Id: REGION

Field Name: Provider Characteristics

Table Name: Code_Desc

Group Id: PRVDCHAR

Field Name: Provider Other Characteristics

Table Name: Code_Desc

Group Id: PRVDCHAR

Field Name: Status

Table Name: Code_Desc_Stat

Group Id: PRVDSRST

Field Name: Provider Services Status

Table Name: Code_Desc_Stat

Group Id: PRVDSRST

Field Name: Country

Table Name: Code_Desc

Group Id: COUNTRY

Field Name: Service Category

Table Name: Code_Desc

Group Id: SRVCTGRY

Field Name: Service Type

Table Name: Code_Desc

Group Id: SRVCTYPE

1.3.3. Automated Messages

1.3.3.1. Change in Provider Service Status

This automated message is sent whenever a change in the status of the Provider Service occurs.

Field	Required	Parameters Passed
To	Yes	ID of all workers assigned to children in placement with the provider service.
Cc	No	
Subject	Yes	Change in Provider Service Status
Message Box	Yes	“There has been a change in the status of Provider Service for Provider{provider name} currently providing care for children in your caseload.”

1.3.3.2. Duplicate Provider Clean-up Notification

Field	Required	Parameters Passed
To	Yes	All open assignments to the case excluding Maximus/eligibility staff > If case has primary assignment to default worker then send message to ID-Create of OHP and that worker's supervisor
Cc	No	
Subject	Yes	Action Needed – Duplicate Provider Clean-up
Message Box	Yes	Provider <provider name> (<provider ID>) has been identified as a duplicate provider record. This means all placements with this provider will need to be closed, including the placement for <child's name> in the <case name> case (<case ID>). There are two ways you can close the placement for <child's name> in the <case name> case

		<p>(<case ID>).</p> <p>First, you may choose to close this placement yourself. If you choose this method, you will need to close the placement with the duplicate provider record anytime between now and <14 calendar days from date the message is being sent>. Please close it using the last day of the previous month as the end date and the end reason of “Duplicate Provider Clean Up”. Then, please re-create the placement for <child’s name> with provider record <retained provider name> (<retained provider ID>) with the first day of this month as the begin date.</p> <p>For example, let’s pretend it is January 2006 and you need to close a placement for a child with duplicate Provider A and re-create it with Provider B. You would need to close the placement with Provider A as of December 31, 2005 and then re-create the placement with Provider B using January 1, 2006 as the begin date. This will minimize the likelihood of an overpayment or pro-rated payment issues. Please note that when closing the placement with the duplicate provider record it is very important to use the end reason of “Duplicate Provider Clean Up” as this will result in the system counting these 2 placements for the child as only one placement so that your templates (Court Report, Permanency Plan, etc.) pre-fill correctly and the placement stability reports for your county are accurate as well.</p> <p>The second way to have the placement close is to allow the system to automatically close it for you. If the placement for this child is still open as of <14 calendar days from date the message is being sent> the system will automatically close the placement for you with the correct end dates and end reason. You will still need to re-create the placement for the child with provider record <retained provider name> (<retained provider ID>) at that time. If the system closes the placement for you, you will receive an</p>
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		<p>additional notification to remind you to re-create the placement when that occurs.</p> <p>If you have any questions please contact the helpdesk or <name of person inactivating provider record with e-mail address>.</p>
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1.3.3.3. Placements ended with end reason of 'Duplicate Provider Cleanup'

Field	Required	Parameters Passed
To	Yes	<p>All open assignments to the case excluding Maximus/eligibility staff</p> <p>> If case has primary assignment to default worker then send message to ID-Create of OHP and that worker's supervisor</p>
Cc	No	
Subject	Yes	Action Needed – Duplicate Provider Clean-up
Message Box	Yes	<p>Provider <provider name> (<provider ID>) has been closed as a duplicate provider record. As a result, all placements with this provider record have been closed with an end date of <end date>; including the placement for <child's name> in the <case name> case (<case ID>). In order for the placements and payments to continue to be documented for the child it is necessary for you to re-create the placement using the provider record of <retained-provider name> (<retained provider ID>). Please use the begin date of <end date plus one day> as this minimizes the likelihood of an overpayment or pro-rated payment issue. Please note that your county service types must be associated with the <retained-provider name> (<retained provider ID>) record prior to you creating the new placement. Provider record <retained-provider name> (<retained provider ID>) should be used for all placements with this provider in the future. If you have any questions please contact the helpdesk or <name of person inactivating provider record, with email address>.</p>

1.3.3.4. Placements ended with end reason of ‘Duplicate Provider Cleanup’

Field	Required	Parameters Passed
To	Yes	Worker who created the pending OHP and that worker's supervisor
Cc	No	
Subject	Yes	Action Needed – Duplicate Provider Clean-up
Message Box	Yes	<p>Provider <provider name> (<provider ID>) has been closed as a duplicate provider record. As a result, the pending placement for <child's name> in the <case name> case (<case ID>) has been automatically Not Approved. In order for the placement to be documented for the child it is necessary for you to re-create the placement using the provider record of <retained-provider name> (<retained provider ID>). Please note that your county service types must be associated with the <retained-provider name> (<retained provider ID>) record prior to you creating the new placement. Provider record <retained-provider name> (<retained provider ID>) should be used for all placements with this provider in the future. If you have any questions please contact the helpdesk or <name of person inactivating provider record, with email address >."</p>

1.3.3.5. Placements ended with end reason of ‘Duplicate Provider Cleanup’

Field	Required	Parameters Passed
To	Yes	Worker who created the pending OHP and that worker's supervisor
Cc	No	
Subject	Yes	Action Needed – Duplicate Provider Clean-up
Message Box	Yes	<p>The provider record for Provider <provider name> (<provider ID>) has been closed as a duplicate provider record. This means all placements with this provider have been closed, including the recent placement for <child's name> in the <case name> case (<case ID>). Since the placement for <child's name> was made so recently, no payments had been processed by the time the placement was closed. As a result, the placement was closed with the end reason of "Made in Error".</p> <p>In order for the placement and future payments to be documented for this child it is necessary for you to re-create the placement using the provider record of <retained provider name> (<retained provider id>). Please use the actual begin date of the placement. Provider record <retained provider name> (<retained provider id>) should be used or all placements with this provider in the future.</p> <p>If you have any questions please contact the helpdesk or <name of person inactivating the provider record, with e-mail address>."</p>

1.3.4. Checklists

None

1.3.5. Ticklers

1.3.5.1. Review Provider EFT Information

Category: Financial

Type: Review Provider EFT Information

Description: This tickler reminds the worker with the primary provider assignment in the designated County for the Provider to check the payment method after a pre-note has been sent. If there is no open Primary Assignment within the Provider's designated County, then remind the worker with the latest assignment to the provider within the designated County.

Creation: The tickler is created by eWiSACWIS to DOA- EFT File Extract batch program for each pre-note sent.

Upon creation of the tickler, a check for a County specific tickler is made. If a unique record exists for a specified County, and that County has decided to utilize this tickler, then a tickler is created with due dates, reminder dates, and escalation dates denoted in the CATEGORY_TYPE table. See CATEGORY_TYPE for County-specific tickler values.

If a unique record exists for a specified County, and that County has decided to not use this tickler, then no tickler is created for the County. See CATEGORY_TYPE table for County-specific information.

If a unique record does not exist for a specified County, then the base values for the tickler are utilized. The due dates, reminder dates, and escalation dates are then based on the values described below.

Deletion: This tickler is deleted when the Out of Home Care worker changes the Payment Method to EFT or requests another pre-note or resets the EFT Information on the Electronic Funds Transfer page.

Due Date: 45 days after the worker selects the Prenote Sent

Reminder Date: 15 days before the ticker is due.

First Escalation Date: Same day the tickler is due.

Second Escalation Date: 5 days before due date.

1.3.5.2.IV-E Eligibility Change

Category:	Eligibility
Type:	IV-E Eligibility Change
Description:	Whenever a change occurs that may affect eligibility processes, a tickler is created so that the Eligibility worker can review the latest information regarding the child's Title IV-E Eligibility.
Creation:	<p>The tickler is created when one of the following activities is saved: change in deprivation, change in asset information, change in employment information, child turned 18, change in child's graduation date, change in provider license status, child discharged from all placements, change in provider not-for-profit status, and change in legal custody. Ticklers are created for all children in the family when there are changes in asset information and employment information.</p> <p>Upon creation of the tickler, a check for a County specific tickler is made. If a unique record exists for a specified County, and that County has decided to utilize this tickler, then a tickler is created with due dates, reminder dates, and escalation dates denoted in the CATEGORY_TYPE table. See CATEGORY_TYPE for County-specific tickler values.</p> <p>If a unique record exists for a specified County, and that County has decided to not use this tickler, then no tickler is created for the County. See CATEGORY_TYPE table for County-specific information.</p> <p>If a unique record does not exist for a specified County, then the base values for the tickler are utilized. The due dates, reminder dates, and escalation dates are then based on the values described below.</p>
Deletion:	The tickler is deleted when the Eligibility worker completes an Initial Determination or Redetermination.
Due Date:	The day the tickler was created
Reminder Date:	Immediately
First Escalation Date:	60 days after the tickler is due
Second Escalation Date:	90 days after the tickler is due

1.3.5.3.Inactivate Duplicate Provider

Category:	OHCU
Type:	Duplicate

Description:	Displayed for the duplicate provider using dup provider name and ID and count down immediately- Due in 14 days down to 0 days with no escalation on the desktop of the worker that is performing the provider cleanup task.
Creation:	When the notify checkbox on the Private Provider Header record is checked and on successful save processing.
Deletion:	When the complete checkbox on the Private Provider Header record is checked and on successful save processing.
Due Date:	The day the tickler was created
Reminder Date:	Immediately
First Escalation Date:	N/A
Second Escalation Date:	N/A

1.3.6. Notifications

None

1.3.7. Text Templates

None

1.3.8. Reports

None

1.3.9. Triggers

1.3.9.1. Online Trigger TXN Code 6100

Created if the Effective Start Date (on the Provider Service Rate page) < the Date Last Paid on the Service Type table for that particular CD_SRVC. This Trigger is processed by the Calculate Ongoing Amounts batch (*FM01: Issue/Reconcile Checks*).

1.3.9.2. Online Trigger TXN Code 51

When a new PRVD_ELIG_COST record is inserted WHERE PRVD_ELIG_COST.dt_eff <= current system date, then insert a record in the ONLINE_TRIGGER table and set the following attributes. ONLINE_TRIGGER.cd_txn = 51. ONLINE_TRIGGER.id_cr = log-in ID of the worker ONLINE_TRIGGER.ts_cr = Current system date. ONLINE_TRIGGER.ts_efct_frm = PRVD_ELIG_COST.dt_eff. ONLINE_TRIGGER.id_trigger1 RVD_ELIG_COST.id_prvd_org. Set all other fields to NULL.

1.4. Batch Programs

None

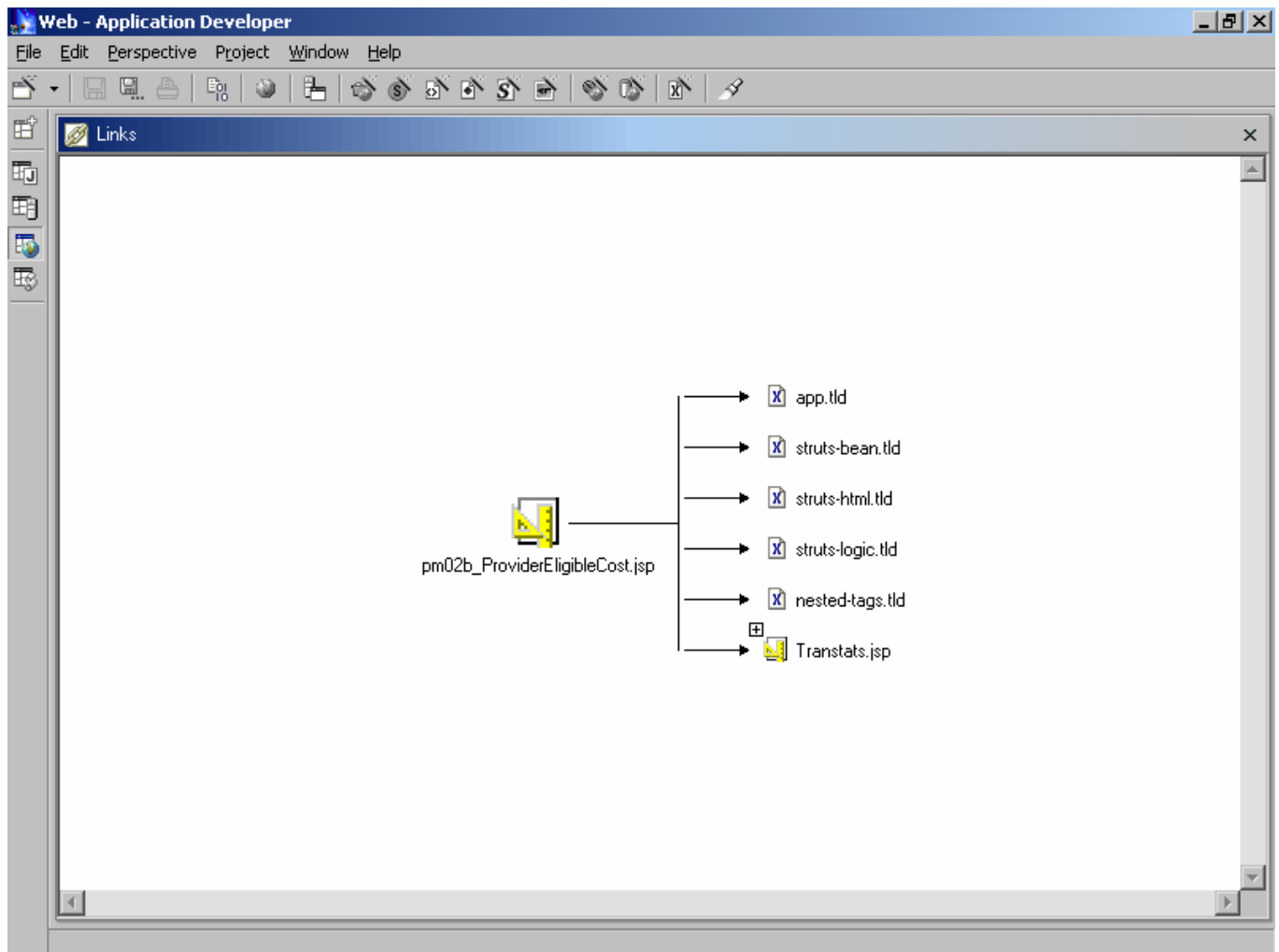
1.5. Online Components

1.5.1. User Interface Components

There are two primary JSPs for the PM02b (Private Provider) topic, pm02b_PrivateProvider.jsp and pm02b_ProviderEligibleCost.jsp. Each has a corresponding JavaScript file. It should be noted that “includes” have been created for each tab. This was done because of the size of the page, so that the “Branch Too Large” error (64K size limit) is eliminated. There are also other support JSPs which are used primarily to move the data back and forth.

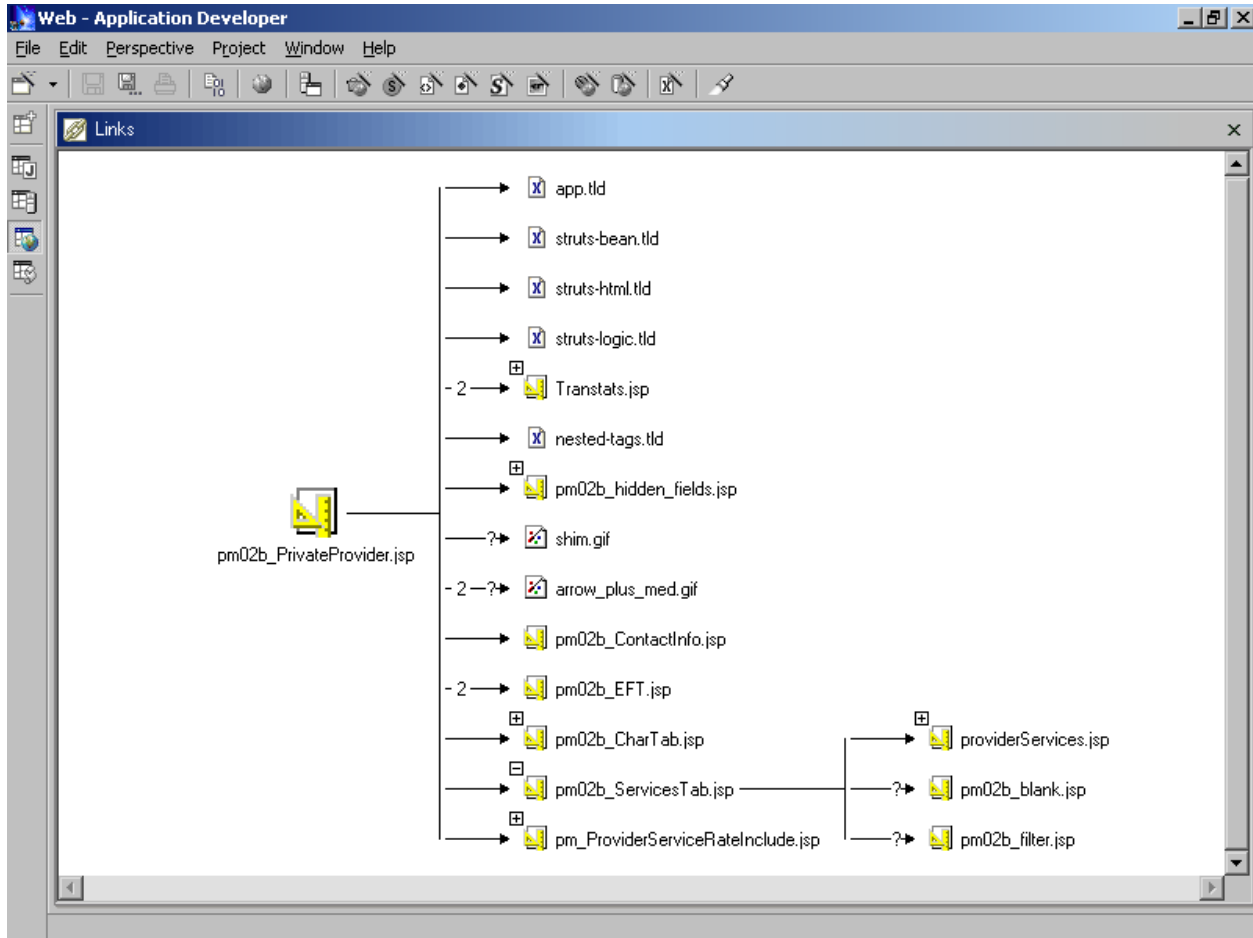
Below is the link diagram of the Provider Eligible Cost page.

pm02b_PrivateEligibleCost.jsp



Link Diagram for Private Provider page.

pm02b_PrivateProvider.jsp

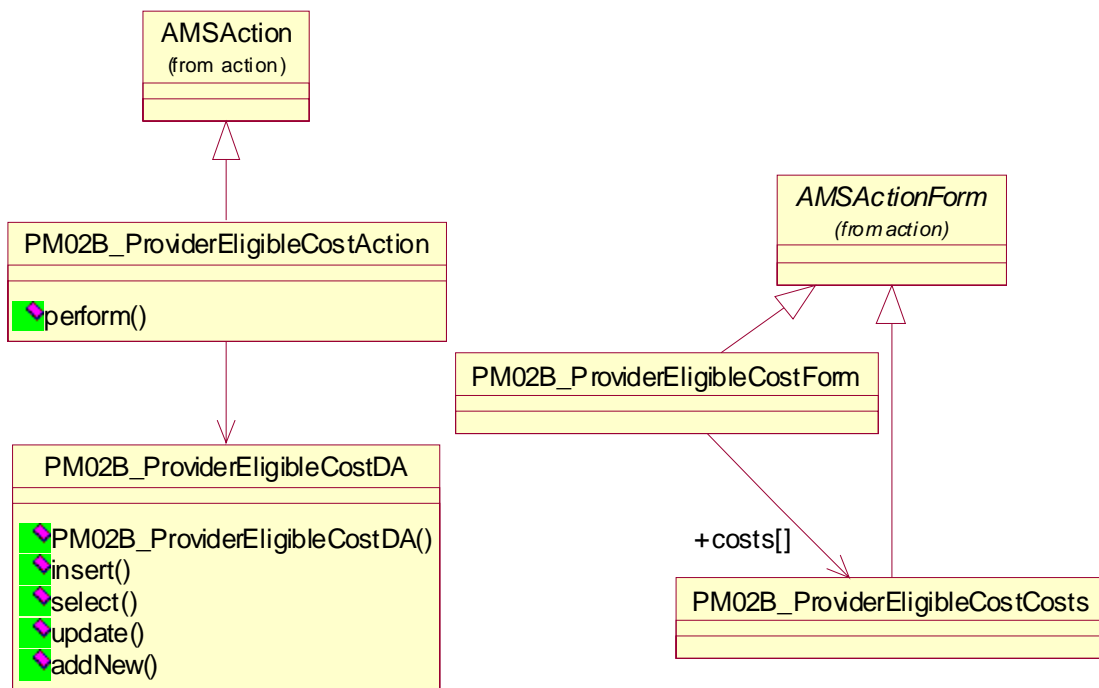


1.5.2.

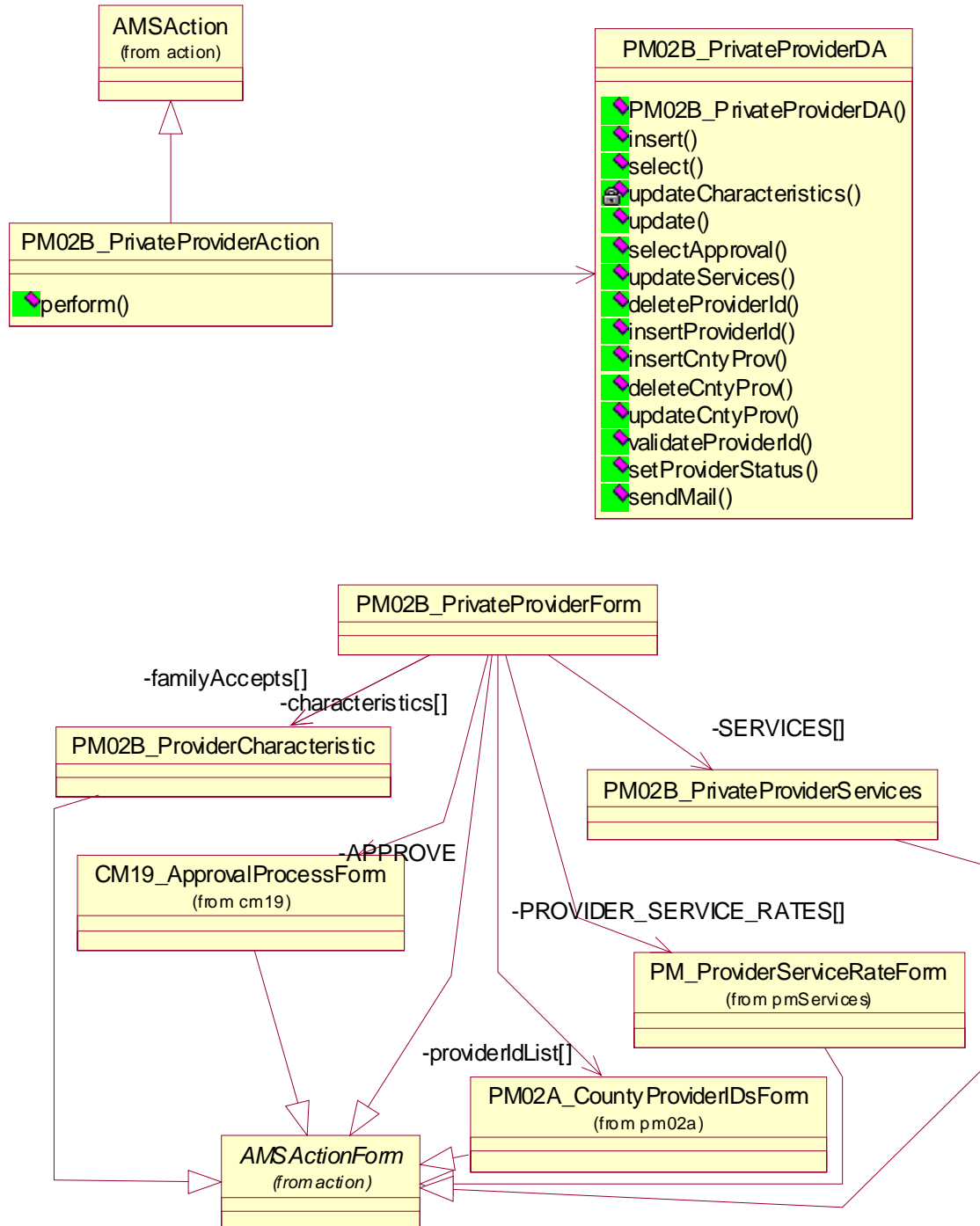
Java Components

Below is the Class diagram for the PM02B (Private Provider) topic. There are two distinct “families”. One that services all the Private Provider functionality and another that services all the Provider Eligible Cost functionality.

Class diagram for the Provider Eligible Cost.



Class diagram for the Private Provider functionality.



Below is a brief description of each of the Java Classes:

Type	Name	Comment
Action Class	PM02B_PrivateProviderAction	Standard Action Class.
Data Access	PM02B_PrivateProviderDA	Standard Data Access Class.
Form	PM02B_PrivateProviderForm	Aggregate Data Container for the Private provider information.
Form	PM02B_PrivateProviderServices	Data Container for Private Provider Services.
Form	PM02B_ProviderCharacteristic	Data Container for provider characteristics.
Action Class	PM02B_ProviderEligibleCostAction	Standard Action Class.
Form	PM02B_ProviderEligibleCostCosts	Sub form to hold individual eligible cost records.
Data Access	PM02B_ProviderEligibleCostDA	Standard Data Access Class.
Form	PM02B_ProviderEligibleCostForm	Aggregate Data Container for the Provider Eligible Cost information.